

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000011702**

1. Corporation Name

DIVERSE NETWORKS, INC.

600023910056
10/17/03--01071--007 **150.00

REINSTATEMENT 03

2. Principal Office Address

6123 HALPERN HWY
Suite, Apt. #, etc.
1

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

JAX. FLA.

City & State

JAX. FLA.

Zip

32216

Country

USA

Zip

32256

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3559376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAY A. GRIMSLEY

Street Address (P.O. Box Number is Not Acceptable)

1188 TURNBLEDGE DR.

Suite, Apt. #, Etc.

City

JAX. FLA.

State

FL

Zip Code

32256

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

10/13/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	RAY A. GRIMSLEY	1188 TURNBLEDGE DR.	JAX, FL. 32256

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
RAY A. GRIMSLEY

Date

10/13/03

Daytime Phone #

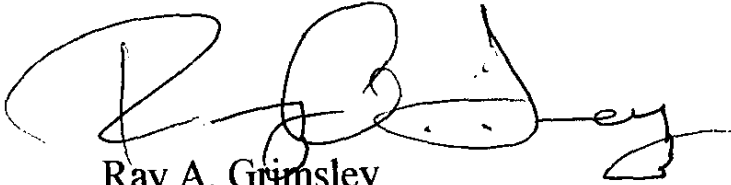
904-7304601

CR2E081 (10/02)

21 10/21

To whom it may concern:

I, Ray A. Grimsley did not receive any notice of corporate registration from the State of Florida. Thereby, I ask that the late fee be waived. Thank you.

A handwritten signature in black ink, appearing to read 'Ray A. Grimsley', written over a horizontal line.

Ray A. Grimsley

President

Diverse Networks, Inc.
